SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		OR LIN check or	E NUMBE	116 /	150					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	24 28c	H	25 29	_	:6 :0b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											
 NAME OF COMMITTEE (In Full) 	and address of any pointed C	JIIIII		SOIIGIT GOLL	ibuliO	1011 6110	ii aucil	COITII	iiiiee		_
Caremark Rx Inc. Employees Political Acti	on Committee										
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID: 1	12658	3			
A. Hoosiers Supporting Buyer for Congress					of Dis	bursen		v v	V *	V	
Mailing Address PO Box 712				0 ^M 9		0	Ĭ	2	0 0 6		
City Monticello	State Zip Code IN 47960-			Amou	unt of	Each D	Disburs	emen	t this P	eriod	_
Purpose of Disbursement IN-04 US HOUSE G-06				Ţ L.				2	2000.0	0	
Candidate Name STEVE CONGRESSMAN BUYER		Cate	gory/								
	ment For: 2006 Primary X General Other (specify)		Po	IN-04	US	HOUS	SE G-0)6			
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID: 1	12712				_
Friends of Lois Capps (D-CA)						bursen	nent				
Mailing Address 38 Ivy Street Southeast				0 ^M 9	M /	^D 2 2	2 /	ž	0 0 6	Y	
City State Zip Code Washington DC 20003-4006				Amount of Each Disbursement this Period							
Purpose of Disbursement CA-23 US HOUSE								2	2000.0	0	_
Candidate Name LOIS G CAPPS		Cate	gory/ pe								
Senate President	ment For: 2006 Primary X General Other (specify) ▼			CA-2	3 US	HOU	SE				
State: CA District: 23 Full Name (Last, First, Middle Initial)				_							_
Chocola for Congress						burser		3			
Mailing Address P O Box 6728				0 ^M 9	M /	^D 2 2	2 /	Ý Ž	0 0 6	Y	
City South Bend	State Zip Code IN 46660-			Amou	unt of	Each D	Disburs	emen	t this P	eriod	_
Purpose of Disbursement IN-2 US HOUSE			•	T L.				2	2000.0	0	
Candidate Name J CHRISTOPHER CHOCOLA			gory/ pe								
Office Sought: X House Senate President State: IN District: 02	ment For: 2006 Primary X General Other (specify) ▼			IN-2	US H	OUSE	Ī				
SUBTOTAL of Disbursements This Page (optional)			>					6	0.000	0]
TOTAL This Period (last page this line number only)											1
					_			_		_	4